



REQUEST FOR ADMINISTRATIVE REVIEW

Purpose: Use this form to request an administrative review of a Reason to Believe finding of abuse, neglect, or exploitation of a child(ren) determined by Child Care Investigations.

Directions: Complete and submit this form within 15 days after you receive notice of your right to an administrative review. You may mail or email your request to:

Texas Department of Family and Protective Services

ATTN: Office of Appeals, MC: Y946

P.O. Box 149030

Austin, TX 78714-9030

Email: dfpsofficeofappeals@dfps.texas.gov

OPERATION INFORMATION

Name of Operation:	Type of Operation:	Operation Number:
Address:	City and State:	ZIP Code:

REQUESTOR'S INFORMATION

Name of person requesting the administrative review:		
Mailing Address:	City and State:	Zip Code:
Email Address:	Primary Phone Number:	Alternate Telephone Number:

REQUESTOR'S REPRESENTATIVE

NOTE: By completing this section and signing on the next page, the requestor authorizes Office of Appeals staff to discuss the finding(s) and the administrative review with the requestor's representative.

Name of representative:	Relationship of representative to requestor: Attorney <input type="checkbox"/> Other:	
Mailing Address:	City and State:	Zip Code:
Email Address:	Primary Telephone Number:	Alternate Telephone Number:



RECORDS REQUEST

You are entitled to receive a copy of the investigation record. Check the appropriate box below.

(Note: The redaction process for a record request may take up to 60 calendar days to complete. If criminal charges are pending, the investigation record will not be released until the criminal matter is resolved.)

- ☐ No, I am not requesting the investigation record.
☐ Yes, I would like a copy of the investigation record.

CCI FINDING

Date when you were notified about CCI's finding determination (Attach a copy of the notice).

Please provide a brief statement detailing why you disagree with the findings of the investigation, include questions, or concerns regarding the findings, and any documentation that supports your position such as photos, written or signed statements.

SIGNATURES

Signature of Requestor:

X

Date Signed:

Signature of Requestor's Representative:

X

Date Signed: